



1228003

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 271180

Invoice Date: 09/19/2014 Terms: 0/30/10,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

M. CROTTS #22
48202
NW14-22-16
9-15-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	11.5000	402.50
1118B	PREMIUM GEL / BENTONITE	59.00	.2200	12.98
1111	SODIUM CHLORIDE (GRANULA	68.00	.3900	26.52
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50

Sublet Performed	Description	Total
9995-120	CEMENT EQUIPMENT DISCOUNT	-156.75

Description	Hours	Unit Price	Total
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	1.00	.00	.00
495 CASING FOOTAGE	43.00	.00	.00
503 TON MILEAGE DELIVERY	73.24	1.41	103.27
675 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00

Amount Due 1677.90 if paid after 09/29/2014

Parts:	522.50	Freight:	.00	Tax:	22.49	AR	1511.51
Labor:	.00	Misc:	.00	Total:	1511.51		
Sublt:	-156.75	Supplies:	.00	Change:	.00		

Signed _____

Date _____



271180

TICKET NUMBER 48202
 LOCATION Ottawa KS
 FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-18-14	3244	M. Crofts # 22	NW 14	22	16	CF
CUSTOMER Altavista Energy Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 128			712	Fred Mad		
CITY Wellsville			495	Har Bee		
STATE KS			675	Kai Diet		
ZIP CODE 66092			503	Tio Hor		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 43 CASING SIZE & WEIGHT 7"
 CASING DEPTH 43' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10'
 DISPLACEMENT 1.75 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: No h crew safety meeting. Establish circulation thru 7" casing. Mix & Pump 35 sks 50/50 Poz Mix Cement 270 Gal 5% Salt 5# Kal Seal / sk Cement to surface. Flush 7" casing clean w/ 1.75 BBL Fresh Water. Shut in casing

Finney Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement	495	870.00 ✓
5406	-	MILEAGE		NIC ✓
5402	43'	Casing Footage		NIC ✓
5407A	73.24	Ton Miles	503	10322 ✓
5502C	1 1/2 hr	80 BBL Vac Truck	675	150.00 ✓
1124	35 sks	50/50 Poz Mix Cement	402.50	✓
1115B	59#	Premium Gel	12.98	✓
1111	68#	Granulated Salt	26.52	✓
1110A	175#	Kal Seal	80.50	✓
		Material	522.50	622.50
		Less 30%	156.75	465.75
		Total		43025
				365.75
				2249 ✓
			6.15%	26.80 ✓
				1511.51 ✓

AUTHORIZATION [Signature]

TITLE _____

DATE _____

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
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Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 271205

Invoice Date: 09/22/2014 Terms: 0/30/10,n/30

Page 1

ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

M. CROTTS #22
48207
NW14-22-16
9-17-14
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	148.00	11.5000	1702.00
1118B	PREMIUM GEL / BENTONITE	349.00	.2200	76.78
1111	SODIUM CHLORIDE (GRANULA	286.00	.3900	111.54
1110A	KOL SEAL (50# BAG)	740.00	.4600	340.40
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-669.20

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
495 CASING FOOTAGE	1105.00	.00	.00
548 TON MILEAGE DELIVERY	309.69	1.41	436.66
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 4309.87 if paid after 10/02/2014

Parts:	2260.22	Freight:	.00	Tax:	97.83	AR	3599.51
Labor:	.00	Misc:	.00	Total:	3599.51		
Sublt:	-669.20	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

271205

TICKET NUMBER 48207

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.17.14	3244	M. Crofts # 22	NW 14	22	16	CF
CUSTOMER			TRUCK #			
Altavista Energy Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 128			DRIVER			
CITY			TRUCK #			
Wellsville			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66092			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1123.65 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 910.28 DRILL PIPE Baffle in TUBING @ 1075.28 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30' + Plug
 DISPLACEMENT 6.25BA DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump
150# Gel Flush. Mix + Pump 148 sks 50/50 Poz Mix Cement
290 Gel 590 Salt 5# Kol Seal/sk. Cement to surface. Flush
pump + lines clean. Displace 2 1/2" Rubber plug to baffle in
casing. Pressure to 800 PSI. Release pressure to set float
valve. Shut in casing.

Finney Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401A	1	PUMP CHARGE	495	1085.00 ✓
5406	45 mi	MILEAGE	495	189.00 ✓
5402	1105	Casing Footage		N/A ✓
5407A	309.69	Ton Miles	548	426.68 ✓
5502C	2 hrs	80 BBL Vac Truck	675	200.00 ✓
1124	148 sks	50/50 Poz Mix Cement	1702.00	✓
1118B	349#	Premium Gel	767.8	✓
1111	286#	Granulated Salt	111.54	✓
1110A	740#	Kol Seal	340.40	✓
		Material	2230.72	
		Less 30%	- 669.22	✓
		Total		1561.50
4402	1	2 1/2" Rubber Plug		29.50 ✓
				4309.80
			15%	SALES TAX
				ESTIMATED
				TOTAL
				3599.51 ✓

completed

OK'd J. Green

AUTHORIZATION No Co Rep on Site TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.